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To:

Division of Corporations

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

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DISSOLUTION

NEURO SLEEP CARE CENTER CORP.

Certificate of Status	0
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## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: NEURO SLEEP CARE CENTER CORP.

SECOND:

The articles of incorporation were filed on: 02/17/2005

THIRD:

(CHECK ONE)

X None of the corporation's share have been issued.

The Corporation has not commenced business.

FOURTH:

No debt of the corporation remains unpaid.

FIFTH:

The net assets of the corporation remaining after winding up have been

distributed to the shareholder, if shares were issued

SIXTH:

Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

 $\boldsymbol{X}$ 

A majority of the directors authorized the dissolution.

Signed this 17 day of February, 2005.

Signature

(By the chairman or vice chair directors, by an incorporator) of the board, president, or other officer— if there are no officers or

Alina Anglade (Typed or printed name)

> President (Title)